



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/12/2015

Business ID: 14965

William M. Gardner

Secretary of State

SANDY POINT BEACH RESORT, INC.

190 MOUNT MAJOR HIGHWAY

ALTON BAY, NH 03810

ENTITY TYPE: CORPORATION

BUSINESS ID: 14965

STATE OF DOMICILE: NEW HAMPSHIRE

SUMMER RESORT

ADDRESS OF PRINCIPAL OFFICE:

190 MOUNT MAJOR HIGHWAY

ALTON BAY, NH 03810

REGISTERED AGENT AND OFFICE:

SAFFAN, JEANNE S, ESQ

SULLOWAY & HOLLIS, 9 CAPITOL STREET

CONCORD, NH 03301

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Alberic Ouellette III

STREET 355 Rand Hill Rd.

CITY/STATE/ZIP Alton Bay Nh 03810

PRES. Robert Ouellette

STREET 190 Mt. Major Hwy.

CITY/STATE/ZIP Alton Bay Nh 03810

TREAS. Robert Ouellette

STREET 190 Mt. Major Hwy.

CITY/STATE/ZIP Alton Bay Nh 03810

V-PRES. Jill Galvin

STREET 4 Checkerberry Lane

CITY/STATE/ZIP Concord Nh 03810

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Alberic Ouellette III

STREET 355 Rand Hill Rd.

CITY/STATE/ZIP Alton Bay Nh 03810

DIR. Robert Ouellette

STREET 190 Mt. Major Hwy.

CITY/STATE/ZIP Alton Bay Nh 03810

DIR. Jill Galvin

STREET 4 Checkerberry Lane

CITY/STATE/ZIP Concord Nh 03810

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Robert Ouellette

Please print name and title of signer:

Robert Ouellette

/

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



1496520151004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301